CALIGRA MANAGEMENT, LLC
1201 ELKFORD LANE
JUSTIN, TX 76247
817-726-3015 (phone)
888-501-0299 (fax)

Notice of Independent Review Decision

October 13, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right knee partial lateral meniscectomy with PA assistance, appeal

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Orthopedic Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured work on xx/xx/xx. The patient xxxxx.

evaluated the patient on xxxxxx, for right knee injury. It was noted the patient works for. Following the injury, the patient had returned to work but by evening the knee was very painful and swollen. The claimant had gone to the emergency room (ER) in where x-rays were normal and he was given crutches. In a week, the bruising improved and the claimant returned to work. The patient had a minor injury to the same knee Currently, the patient reported knee pain and swelling that was persistent despite rest, ice/heat, over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs) and x-rays. Most of the pain was medial along the joint line. Examination showed tenderness along the medial and lateral joint line. Range of motion (ROM) was full. The diagnoses were sprain/strain of unspecified site of the knee and leg and pain in joint lower leg. Naproxen was prescribed and a knee sleeve or brace was recommended. The patient was to apply moist heat and return to work

with restrictions of no lifting over 20 pounds, no ladders, no climbing or squatting.

On August 13, 2015, a magnetic resonance imaging (MRI) of the right knee was performed. The impression was: Radial tear involving the posterior horn of the lateral meniscus and osseous contusion involving the lateral tibial plateau.

evaluated the patient on August 24, 2015, for right knee pain that was located laterally, severe and worsening. The pain was constant and increased with activities, walking and stairs. Associated symptoms included giving way, swelling, bruising, weakness and popping. Review of systems was remarkable for heartburn, joint swelling and weakness, anxiety and depression. The patient was and had a BMI of 39.44. Examination of the right knee showed full ROM, 1+ effusion, tenderness in the lateral joint line on McMurray's testing. X-rays of the right knee showed no fractures, dislocations or degenerative disc disease (DJD). prescribed Naprosyn, Colace and Ultram for pain control.

Per a utilization review August 31, 2015, the request for right knee partial lateral meniscectomy with PA assist was non-authorized. Rationale: *"The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. If the patient had a significant tear per the MRI, surgery would be appropriate without therapy but if the patient had a partial tear, physical therapy would be appropriate. Without clarification per the official MRI, surgery would not be supported. The Official Disability Guidelines indicate a surgical assistant is recommended for a complex surgery. The request for a PA assistant would be appropriate if the surgical intervention was medically necessary. Given the above and the lack of documentation including the official MRI and lack of conservative care, the request for a right knee partial lateral meniscectomy with PA assist 29881 is non-certified."*

On September 15, 2015, the appeal for right knee partial lateral meniscectomy with PA assist (29881) was non-authorized. Rationale: *"Based on the clinical information submitted for this review and using evidence-based, peer reviewed guidelines referenced above, this request is non-certified. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. The updated documentation was unable to address one of the reasons in the previous denial. A locked/blocked knee was not noted to forego lower levels of treatment. Although a PA assistant is appropriate for surgery, the concurrently requested surgery is still not substantiated. In agreement with the prior UR determination, the medical necessity of this request has still not been justified."*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

It does appear that the MRI revealed tearing at the posterior horn of the lateral meniscus as well as some bone contusion in a corresponding area. This could certainly occur after falling from a ladder. Mechanical complaints have been outlined in the records to include popping. McMurray testing did reveal discomfort which could be consistent with a meniscal tear as well. It appears that a previous

reviewer did not have the MRI impression.

Turning to Official Disability Guidelines, this is a relatively young claimant who had an actual mechanism of injury. There are mechanical symptoms documented to include giving way and popping. Conservative care has included antiinflammatories, analgesics, and the passage of time. The notes outline swelling in addition to mechanical symptomatology. Joint pain persists. The treating physician outlined positive McMurray testing as well as effusion. The MRI appears to have revealed a meniscal tear. Taking all of this into account, arthroscopy would definitely be in order, most likely to require partial lateral meniscectomy. Milliman Assistant Surgeon Guidelines would allow for physician assistant assistance at the time of arthroscopy.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines (20th annual edition) & ODG Treatment in Workers' Comp (13th annual edition), 2015, chapter knee
Meniscectomy
ODG Indications for Surgery□ -- Meniscectomy:
Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT.
1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS
2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS
3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS
4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). (Washington, 2003